Supplemental Independent Expenditure Report (Government Code Section 84203.5) SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars. Amendment (Explain Below)			Report covers period from 01/01/2014 CIT		F LAKE CLERK'S	FUNEST OFFICE		CALIFORN FORM	
					through09/30/203 Date of election if ap (Month, Day, Ye	pplicab	OCT -8 P1 37		7	Page 1 of 2 For Official Use Only	
1. Committee	e/Filer Information	I.D. NUMBER 890106	(If recipient committee)		Treasurer (if	recipient cor	nmittee)				
COMMITTEE/FILE CALIFORNIA AS CALIFORNIA AS	EAL ESTATE POLITICAL ACTION C SSOCIATION OF REALTORS		REPAC) -		M. IQBAL BHOLE MAILING ADDRESS	AT	75		_	-	
525 S. VIRGI	L AVENUE				525 S. VIRGIL AVENUE CITY STATE ZIPCODE AREA				A CODE/PHONE		
CITY	STATE Z	IP CODE	AREA CODE/PHO	NE	OITI						
LOS ANGELES OPTIONAL: FAX/		90020	(213)739-8200	0	LOS ANGELES OPTIONAL: FAX/E	-MAIL ADDRE	ss	CA	90020	(21	3)739-8200
2. Name of C	andidate or Measure Su	pported o	r Opposed								CHECK ONE
NAME OF CANDIDATE SCOTT VOIGTS NAME OF BALLOT MEASURE				OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member: CITY OF LAKE FOREST					SUPPORT OPPOSE X		
				BALLOT NO./LETTER	JURISDICTI	ON				SUPPORT OPPOSE	
3. Independe	ent Expenditures Made A	ttach additiona	information on appro	opriately	labeled continuation shee	ts.					TIVE TO DATE
DATE	NAME AND ADDRESS OF PAYEE				DESCRIPTION OF EXPENDITURE						IDAR YEAR - DEC. 31)
08/29/2014	BUDGET WATCHDOGS NEWSLETTER 1954 W. CARSON ST., STE. B TORRANCE, CA 90501			SLATE M	AILERS	è		1	,830.00		2,995.00
08/29/2014	CONTINUING THE REPUBLICAN R 1300 BRISTOL ST. NORTH, STE NEWPORT BEACH, CA 92660			SLATE M	MAILERS			1	,165.00		2,995.00
	*								=		

DATE

SUPPLEMENTAL	INDEDENDENT	EVDENIDITIES
SUPERING IN LAL	INDECEMBER	EVEENDHOVE

Cumplemental Indonendent	Type or print in Ink.								
Supplemental Independent	Amounts may be rounded to whole dollars.		be rounded	Rep	oort covers period	CALIFORNIA 465			
Expenditure Report			ollars.	from01/01/2014		FORM 40			
				through_	09/30/2014		2		
SEE INSTRUCTIONS ON REVERSE				unougn_	03/30/2021		2 of 2		
NAME OF FILER CALIFORNIA REAL ESTATE POLITICAL ACTION COMMITTEE	COPDAC	·\ _ CALTEODNIA A	SCOCIATION OF PEALTOPS			890106	ER (If recipient com.)		
4. Summary	CREFAC	, CABITORNIA A.	SOCIATION OF KDADIOKS						
Total independent expenditures of \$100 or more	mada th	is period (Part 3)				\$	2,995.00		
2. Total independent expenditures under \$100 mag	•	•	•				0.00		
3. Total independent expenditures made this period	od (Add L	ines 1 + 2.)		•••••	ТОТ	AL \$	2,995.00		
5. Filing Officers Enter the name and address of e	ach filing	officer with whom th	ne filer's most recent camp	naian stateme	unts (Form 450, 460 or	461) have he	en filed		
			3) NAME OF FILING						
1) NAME OF FILING OFFICER			S) NAME OF FILING	OFFICER					
SECRETARY OF STATE ADDRESS (NO. AND STREET)			ADDRESS		(NO. AND STREET)				
POLITICAL REFORM DIVISION 1500 11TH STREET, RO	OOM 495				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
CITY	STATE	ZIP CODE	CITY			STATE	ZIP CODE		
SACRAMENTO	CA	95814							
2) NAME OF FILING OFFICER			4) NAME OF FILING	OFFICER					
ADDRESS (NO. AND STREET)			ADDRESS		(NO. AND STREET)				
CITY	STATE	ZIP CODE	CITY			STATE	ZIP CODE		
6. Verification						,			
I certify that the "independent expenditure(s)" disclosed as those terms are defined in Government Code Section statement and to the best of my knowledge the informati the foregoing is true and correct. Executed on	n 82031 an Ion contain	d FPPC Regulation	1822 <i>5.</i> 7. I have used all real complete. I centify under p	asonable dilig penalty of perj	ence in preparing and re	eviewing this			
Executed on		BySIGNATURE OF CONTR	OLING OFFICEHOLDER, CANDIDAT			BLE OFFICER OF	SPONSOR		
Executed on		Bysi	SNATURE OF CONTROLLING OFFIC	CEHOLDER, CAND	IDATE, STATE MEASURE PROP	ONENT			
Evenuted on		B _V							

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT